

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35110

STATE FILE NUMBER

FILED OCT 30 1957

Registration District No. 59

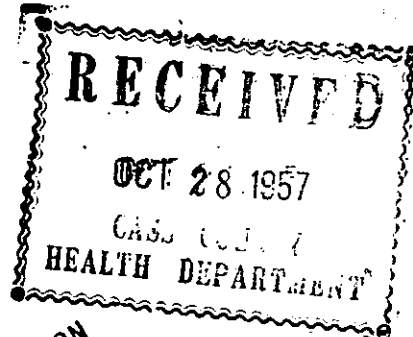
Primary Registration District No. 5221

Registrar's No. 180

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dayton Township				c. CITY OR TOWN Garden City			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at the home 6 miles south				d. STREET ADDRESS 6 miles south			
3. NAME OF DECEASED (Type or print) First Corbet Middle Benjamin Last Jackson				4. DATE OF DEATH Month 10 Day 12 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 26, 1887	
9. AGE (In years last birthday) 70		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sawmill operator		10b. KIND OF BUSINESS OR INDUSTRY lumber		11. BIRTHPLACE (City and state or country) Galmey, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME Jesse L. Jackson			
14. MOTHER'S MAIDEN NAME Martha Owsley				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			
16. SOCIAL SECURITY NO. none				17. INFORMANT Mrs. Mary Jackson			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 1.5 hr 2 yr			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				20c. TIME OF INJURY Hour 10 Month 10 Day 10 Year 57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION Garden City				20g. COUNTY MO			
20h. STATE MO				21. I attended the deceased from Jan 150 to Oct 10 57 and last saw him alive on Oct 10 57 Death occurred at 10:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. H. Ammons (Degree or title) 2				22b. ADDRESS Garden City MO			
22c. DATE SIGNED 10/14/57				23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
23b. DATE 10-16-1957				23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery			
23d. LOCATION (City, town, or county) Garden City, Missouri				24. FUNERAL DIRECTOR Atkinson - Hixey			
25. DATE RECD. BY LOCAL REG. Oct 16, 1957				26. REGISTRAR'S SIGNATURE Dora Barnard			

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



NOV 20 1957
MAR 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Billy J. Hickey
Licensed Embalmer No. 468

P. O. Address Hudson Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.